

Statement of Earnings Details

Print

Close

Employee Details

Employee ID	10347127
Name	Patrick Gerald Kenne
Home Address	P.o. Box 280281 Northridge, CA 9132
Company	Circuit City Stores West, Inc.
Payroll Address	7201 Hewitt Associates Drive Charlotte, NC 28262 1 (800) 288-6353
Business Unit	USANA
Department	041900 - Woodland Hills SS
Location	Woodland Hills SS

Payroll Details

Pay Group	HLS - WC Hourly
Pay Begin Date	May 24, 2007
Pay End Date	Jun 06, 2007
Advice #	2402893
Pay Date	Jun 14, 2007

Tax Details

CA Tax Marital Status	Single, or Marri
CA Allowances	1
CA Addl Withholding	
Federal Tax Marital Status	Single
Federal Allowances	1
Federal Addl Withholding	

Hours & Earnings

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Average Double Time	11.50	9.25	106.38	25.5	287.88
Average Overtime	5.75	52.00	299.01	218.25	1,226.26
Regular Hourly	11.50	141.25	1,624.38	1161.75	12,950.02
Prior Year PTO			0.00	2.25	24.75
Discretionary Bonus			0.00	0	178.07
Meeting			0.00	2	22.00
PTO Hours Adjustment			0.00	4	44.00
Total Earnings		202.50	2,029.77	1413.75	14,688.98

Before Tax Deductions

Description	Current	YTD
Employee Dental	6.37	76.44
Total	6.37	76.44

Taxes

Description	Current	YTD
Fed Withholding	314.58	1,730.77
Fed MED/EE	29.34	211.88
Fed OASDI/EE	125.45	905.98
CA Withholding	90.61	388.11
CA SDI FTDI	12.15	87.68
Total Taxes	572.13	3,324.42

After Tax Deductions

Description	Current	YTD
Total	0.00	0.00

Imputed Income

Current	0.00
YTD	0.00

PTO Plans

Description	Balance
Current Year (CY) PTO	
+ Earned:	74.76
- Taken:	0.00
Ending Balance	74.76
Prior Year (PY) PTO	
+ Earned:	0.00
- Taken:	2.25
Ending Balance	39.87

	Total Gross	Federal Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	2,029.77	2,023.40	572.13	6.37	1,451.27
YTD	14,688.98	14,612.54	3,324.42	76.44	11,288.12

Statement of Earnings Details

EXHIBIT F-2011

Print **Close**

Employee Details

Employee ID	10347127
Name	Patrick Gerald Kenne
Home Address	P.o. Box 280281 Northridge, CA 9132
Company	Circuit City Stores West, Inc.
Payroll Address	7201 Hewitt Associates Drive Charlotte, NC 28262 1 (800) 288-6353
Business Unit	USANA
Department	041900 - Woodland Hills SS
Location	Woodland Hills SS

Payroll Details

Pay Group	HLS - WC Hourly
Pay Begin Date	Jun 07, 2007
Pay End Date	Jun 20, 2007
Advice #	2421612
Pay Date	Jun 28, 2007

Tax Details

CA Tax Marital Status	Single, or Marri
CA Allowances	1
CA Addl Withholding	
Federal Tax Marital Status	Single
Federal Allowances	1
Federal Addl Withholding	

Hours & Earnings

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Average Double Time	11.50		12.00	138.01	37.5
Average Overtime	5.75		39.75	228.56	258
Regular Hourly	11.50		131.75	1,515.13	1293.5
Prior Year PTO				0.00	2.25
Descretionary Bonus				0.00	0
Meeting				0.00	22.00
PTO Hours Adjustment				0.00	4
Total Earnings			183.50	1,881.70	1597.25
					16,570.68

Before Tax Deductions

Description	Current	YTD
Employee Dental	6.37	82.81
Total	6.37	82.81

Taxes

Description	Current	YTD
Fed Withholding	277.56	2,008.33
Fed MED/EE	27.19	239.07
Fed OASDI/EE	116.27	1,022.25
CA Withholding	76.84	464.95
CA SDI FTDI	11.25	98.93
Total Taxes	509.11	3,833.53

After Tax Deductions

Description	Current	YTD
Total	0.00	0.00

Imputed Income

Current	0.00
YTD	0.00

PTO Plans

Description	Balance
Current Year (CY) PTO	
+ Earned:	87.54
- Taken:	0.00
Ending Balance	87.54
Prior Year (PY) PTO	
+ Earned:	0.00
- Taken:	2.25
Ending Balance	39.87

	Total Gross	Federal Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	1,881.70	1,875.33	509.11	6.37	1,366.22
YTD	16,570.68	16,487.87	3,833.53	82.81	12,654.34

Transmission Log

8511

No Station Name

Wednesday, 2007-05-09 23:59

No Station Number

Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
10935	2007-05-09	23:59	0:45	14400	Hewitt Associates	SCAN	1	OK -- V.17 AM11

CIRCUIT CITY		HOURLY TIME SHEET											
Fax Timesheet ID: (281) 298-0845		NAME: <i>Patrick Kennedy</i> CSA											
SOCIAL SECURITY # <i>571-51-8008</i>		LOCATION# <i>0419</i>											
PERIOD ENDING <i>MARCH 28TH 2007</i>		283268											
DAY	DATE	IN	OUT	IN	OUT	REG	OT	PTO	FUNER	REMOT	WEATH	MISC	TOTAL
THU													
FRI													
SAT													
SUN													
MON	<i>3-19-07</i>	<i>12:00PM</i>	<i>4:59PM</i>	<i>4:59PM</i>	<i>6:00PM</i>								
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
MANAGER'S COMMENTS		BIWEEKLY TOTAL											
<i>Weekly Project Open Box Presentation Meetings for clients Activities for employees Delayed as employees Pay for my expenses!</i>		<i>John Strode EMPLOYEE PRINTED NAME Patrick Kennedy EMPLOYEE SIGNATURE 3-29-07 MANAGER'S SIGNATURE DATE I HEREBY CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED BY ME DURING THE INDICATED PERIOD.</i>											
<i>MAKE SURE THIS IS ON MY NEXT CHECKS OR MAILED TO ME ASAP!</i>													

Transmission Log

No Station Name

Thursday, 2007-05-10 00:03

No Station Number

Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
10936	2007-05-10	00:02	0:27	26400	Fax Server	SCAN	1	OK -- V.34 AM11

CIRCUIT CITY		HOURLY TIME SHEET 283268											
Fax Timesheet to (281) 288-0845		NAME: Pat Richy V78 and 09 JOB TITLE: CSA PERIOD ENDING March 28th 2007											
SOCIAL SECURITY # 521-87-8008		LOCATION# 0419											
DAY	DATE	IN	OUT	IN	OUT	REG	OT	PTO	FUNER	REMOT	WEATH	MISC	TOTAL
THU													
FRI													
SAT													
SUN													
MON	3-19-07	12:00	4:30PM	4:30PM	6:00PM								
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
MANAGER'S COMMENTS		BIMWEEKLY TOTAL											
Weeks Product Open Box Presentation etc etc		John Shroyer EMPLOYEE PRINTED NAME Employee Signature 3-29-07 DATE MANAGER'S SIGNATURE I HEREBY CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED By me during the indicated period											
Total Analytics for DRAFTING AS EMPLOYEE Pay for not for 4 hours													

I SENT THIS IN EARLIER BUT YOU CHANGED THE FAX #
AND NO ENVELOPES WERE NOT FILED AND IT'S NOT SCANNED!

MAKE SURE THIS IS ON MY NEXT CHECK OR MAILED TO ME ASAP!

Direct any correspondence to: **Exhibit(s) Page 5 of 41**
LABOR COMMISSIONER, STATE OF CALIFORNIA EXHIBIT F3-2011

Department of Industrial Relations
Division of Labor Standards Enforcement
6150 Van Nuys Boulevard, Room 206
Van Nuys, CA 91401
Tel: (818) 901-5315 Fax: (818) 901-5307



PLAINTIFF: Patrick Gerald Kennedy
P. O. Box 280281
Northridge, CA 91328-0281

DEFENDANT: Circuit City Stores, Inc.
9950 Mayland Drive
Richmond, VA 23233

State Case Number

17 - 48252 SJ

NOTICE OF CLAIM FILED

A notice of your claim has been mailed to the above named defendant.

Your complaint was described as follows:

Meal period premiums pursuant to Industrial Welfare Commission Order No. 7, Section 11 for 100 days at the rate of \$11.50 per day during the period from 2/2/06 to 6/21/06, claiming \$1,150.00.

Rest period premiums pursuant to Industrial Welfare Commission Order No. 7, Section 12 for 140 days at the rate of \$11.50 per day during the period from 2/2/06 to 6/21/06, claiming \$1,610.00.

Overtime premium wages pursuant to Section 3 of the Industrial Welfare Commission as follows: at \$17.25 per hour (one-half the regular rate of pay); at \$23.00 per hour (double the regular rate of pay). Total Claimed \$2,300.00.

TOTAL CLAIMED = \$5,060.00

and also alleging additional wages accrued pursuant to Labor Code Section 203 as a penalty at the rate of per day until paid, but not to exceed thirty days.

and also alleging additional wages accrued pursuant to Labor Code Section 203.1, as a penalty of per day for issuance of an insufficient payroll check for an indeterminate number of days not to exceed thirty days.

In addition you may be subject to penalties due to the State of California, which may be assessed pursuant to Labor Code Section 210.

This claim may be settled immediately by mailing to this office a check or money order made payable to the **Plaintiff**. If the claim is disputed your employer will submit a written statement **in duplicate** of the facts and include payment of any amount conceded due, **plus penalties**. Payment must be accompanied by a separate or detachable itemized statement of any deductions made as provided by the Labor Code. No payroll deductions will be made from the amounts paid as penalties but you must report this amount as income.

We requested a written reply, in duplicate, to this letter within 10 days from the date below.

If this claim is not settled, it will be resolved as provided by Section 98 of the California Labor Code.

DATED: February 27, 2008

Susan Johnson
818-901-5308

Deputy Labor Commissioner

Please make sure hours are recorded in the March 2011 Paycheck

CIRCUIT CITY		HOURLY TIME SHEET 2008															
Fax Timesheet to: (281) 298-0845		NAME: <u>Patrick Kennedy</u>		JOB TITLE: <u>CSA</u>		PERIOD ENDING <u>MARCH 12TH 08</u>											
SOCIAL SECURITY # <u>554 87-8008</u>		LOCATION # <u>049</u>															
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	REG	OT	PTO	FUNER	REMOT	WEATH	MISC	TOTAL		
THU																	
FRI																	
SAT																	
SUN																	
MON	<u>3-3-08</u>	<u>12:00</u>	<u>2:00</u>														
TUE																	
WED																	
THU																	
FRI																	
SAT																	
SUN																	
MON																	
TUE																	
WED																	

MANAGER'S COMMENTS		BI-WEEKLY TOTAL	
<p>Please make sure This is taken care of. A lot of times what's this/ Hours are faxed in they are not taken care of for months if at all. 2 hours only</p>		<p><u>Patrick Kennedy</u> EMPLOYEE PRINTED NAME <u>Bob Panticeff</u> MANAGER'S PRINTED NAME <u>3-13-08</u> DATE <u>Patrick Kennedy</u> EMPLOYEE SIGNATURE <u>Bob Panticeff</u> MANAGER'S SIGNATURE</p>	

I HEREBY CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED BY ME DURING THE INDICATED PERIOD.

Transmission Log

No Station Name

Thursday, 2008-03-13 11:19

No Station Number

Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
16618	2008-03-13	11:19	0:29	26400	Hewitt - WD83XP1	SCAN	1	OK -- V.34 AM11

CIRCUIT CITY		HOURLY TIME SHEET													
Fax/Telephone: (281)288-0845		NAME: <u>Patrick K. Kowald</u> JOB TITLE: <u>CSA</u>													
SOCIAL SECURITY # <u>554-87-8008</u>		LOCATION # <u>0419</u> PERIOD ENDING <u>MAR 13 2008</u>													
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	REG	OT	PTO	FUNER	REMOT	WEATH	MISC	TOTAL
THU															
FRI															
SAT															
SUN															
MON	<u>3-3-08</u>	<u>12:00</u>	<u>2:00</u>												
TUE															
WED.															
THU															
FRI															
SAT															
SUN															
MON															
TUE															
WED															
MANAGER'S COMMENTS		BI-WEEKLY TOTAL										MANAGER'S SIGNATURE			
<p>Patrick K. Kowald 3-13-08</p> <p>Please note that a lot of times written times are faxed in then arrested months if at all. 2 hours only</p>		<p>Patrick K. Kowald 3-13-08</p>										<p>Patrick K. Kowald 3-13-08</p>			
												<p>MANAGER'S PRINTED NAME EMPLOYEE PRINTED NAME EMPLOYEE SIGNATURE</p>			
												<p>MANAGER'S SIGNATURE DATE 3-13-08</p>			
<p>I HEREBY CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED BY ME DURING THE INDICATED PERIOD.</p>															

Transmission Log

NC Station Name

Wednesday, 2007-04-18 15:05

No Station Number

Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
10478	2007-04-18	15:04	0:45	14400	Hewitt Associates	SCAN	1	OK -- V.17 AM11

Statement of Earnings Details**EXHIBIT G-2011****Print** **Close****Employee Details**

Employee ID	10347127
Name	Patrick Gerald Kenne
Home Address	P.o. Box 280281 Northridge, CA 9132
Company	Circuit City Stores West, Inc.
Payroll Address	7201 Hewitt Associates Drive Charlotte, NC 28262 1 (800) 288-6353
Business Unit	USANA
Department	041900 - Woodland Hills SS
Location	Woodland Hills SS

Payroll Details

Pay Group	HLS - WC Hourly
Pay Begin Date	Jun 21, 2007
Pay End Date	Jul 04, 2007
Advice #	2440471
Pay Date	Jul 12, 2007
Tax Details	
CA Tax Marital Status	Single, or Marri
CA Allowances	1
CA Addl Withholding	
Federal Tax Marital Status	Single
Federal Allowances	1
Federal Addl Withholding	

Hours & Earnings

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Average Overtime	5.75	7.00	40.25	265	1,495.07
Regular Hourly	11.50	38.25	439.88	1331.75	14,905.03
Paid Time Off	11.50	8.13	93.50	8.13	93.50
Prior Year PTO	11.50	39.87	458.51	42.12	483.26
Average Double Time			0.00	37.5	425.89
Discretionary Bonus			0.00	0	178.07
Meeting			0.00	2	22.00
PTO Hours Adjustment			0.00	4	44.00
Total Earnings		93.25	1,032.14	1690.5	17,602.82

Before Tax Deductions

Description	Current	YTD
Employee Dental	6.37	89.18
Total	6.37	89.18

Taxes

Description	Current	YTD
Fed Withholding	104.60	2,112.93
Fed MED/EE	14.88	253.95
Fed OASDI/EE	63.60	1,085.85
CA Withholding	17.66	482.61
CA SDI FTDI	6.15	105.08
Total Taxes	206.89	4,040.42

After Tax Deductions

Description	Current	YTD
Total	0.00	0.00

Imputed Income

Current	0.00
YTD	0.00

PTO Plans

Description	Balance
Current Year (CY) PTO	
+ Earned:	91.25
- Taken:	8.13
Ending Balance	83.12
Prior Year (PY) PTO	
+ Earned:	0.00
- Taken:	42.12
Ending Balance	0.00

	Total Gross	Federal Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	1,032.14		1,025.77	206.89	6.37
YTD	17,602.82		17,513.64	4,040.42	89.18

Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

I, Arun Dillon, am a resident of Woodland Hills, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (2007-2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,

RDZ
Signature of Declarant DATE
(818) 620-4925
ray_da_rat@yahoo.com

1/11/09

Patricia Kennedy
Witnessed by DATE
(818)793-6643
patgenken@yahoo.com

1-11-09

EXHIBIT I-2011

F

Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

I J. Murphy / John Murphy (Declarant), am a resident of Woodland Hills, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (2007-2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,

J. Murphy 01/13/09
Signature of Declarant DATE

(818) 642-6557
govmentdog@yahoo.com

Pat Genken 1-13-09
Witnessed by DATE

(818)793-6643
patgenken@yahoo.com

EXHIBIT J-2011

Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

I, Melanie Finch, Melanie Finch (Declarant), am a resident of Woodland Hills, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (2007-2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.

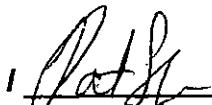
Sincerely,

Melanie Finch 1/13/09
Signature of Declarant DATE
(818) 497-2751
mfinch88@yahoo

Patricia Genken 1/13/09
Witnessed by DATE
(818)793-6643
patgenken@yahoo.com

E

Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

 / Patricia Shapiro (Declarant), am a resident of Thousand Oaks, County of Ventura, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (2007-2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,


Signature of Declarant
(818) 456-6589
patty.shapiro@gmail.com

1/13/09
DATE


Witnessed by
(818)793-6643
patgenken@yahoo.com

1-13-09
DATE

EXHIBIT L-2011

Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

Patrick Gerald Kennedy I, Patrick Gerald Kennedy, am a resident of Northridge, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (OCT 2006-JULY 2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. Management even went so far as to illegally alter employee time clocks to show they had taken a lunch when in fact they had not been able to. They have also refused to furnish me and my co workers with copies of our time sheets and/or other paperwork that would prove wrong doing on their part and this illicit behavior continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,

Patrick Gerald Kennedy Patrick Gerald Kennedy 1-13-09
Signature of Declarant DATE *Deborah Fadil* Deborah Fadil 1/13/09
Witnessed by DATE
(818) 793-6643
patgenken@yahoo.com

13:12:44 04/19/07

TIMESHEET

KENNEDY PATRICKG LOC: 419 SSN: 554-87-8008 Wk: 5 CUSTOMER SERVICE ASSOC										Mgr: 000000 PERIOD END: 4/25/07				
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	4/12	8:50a	3:34p	4:07p	6:03p					8.75	.0	.0	.0	8.75
FRI	4/13									.0	.0	.0	.0	.0
SAT	4/14	8:59a	4:42p	5:12p	5:34p					8.00	.0	.0	.0	8.00
SUN	4/15	8:58a	5:01p	5:37p	7:14p					9.75	.0	.0	.0	9.75
MON	4/16									.0	.0	.0	.0	.0
TUE	4/17	8:53a	4:31p	5:03p	6:08p					8.75	.0	.0	.0	8.75
WED	4/18	8:49a	7:17p							10.50	.0	.0	.0	10.50
										=====				=====
										45.75				45.75
THU	4/19	8:53a								.0	.0	.0	.0	.0
FRI	4/20									.0	.0	.0	.0	.0
SAT	4/21									.0	.0	.0	.0	.0
SUN	4/22									.0	.0	.0	.0	.0
MON	4/23									.0	.0	.0	.0	.0
TUE	4/24									.0	.0	.0	.0	.0
WED	4/25									.0	.0	.0	.0	.0
										=====				=====
										45.75				45.75

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____

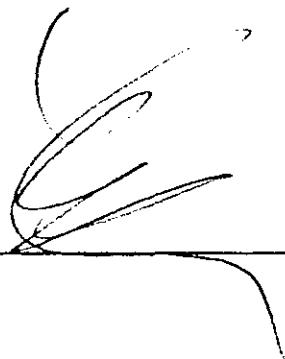
EXHIBIT N-2011

20:53:52 09/19/07

TIMESHEET

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	8/30	12:58p	7:03p							6.00	.0	.0	.0	6.00
FRI	8/31									.0	.0	.0	.0	.0
SAT	9/ 1	1:10p	5:33p	6:13p	7:40p					5.75	.0	.0	.0	5.75
SUN	9/ 2	2:12p	6:57p							4.75	.0	.0	.0	4.75
MON	9/ 3	9:14a	3:59p	4:33p	5:51p					8.00	.0	.0	.0	8.00
TUE	9/ 4	3:57p	8:30p							4.50	.0	.0	.0	4.50
WED	9/ 5	1:56p	2:36p	3:43p	7:36p					4.50	.0	.0	.0	4.50
										=====				=====
										33.50				33.50
THU	9/ 6	9:10a	5:13p							8.00	.0	.0	.0	8.00
FRI	9/ 7	8:58a	3:00p							6.00	.0	.0	.0	6.00
SAT	9/ 8	9:03a	12:18p							3.25	.0	.0	.0	3.25
	9/ 9	7:31a	3:19p	3:48p	4:08p					8.25	.0	.0	.0	8.25
MON	9/10									.0	.0	.0	.0	.0
TUE	9/11	8:56a	3:21p	3:51p	4:30p	4:31p	5:13p			7.75	.0	.0	.0	7.75
WED	9/12	8:56a	2:32p	3:01p	4:23p					7.00	.0	.0	.0	7.00
										=====				=====
										40.25				40.25
										=====				=====
										73.75				73.75

COMMENT:
EMP. SIGNATURE: _____



MGR. SIGNATURE: _____

EXHIBIT O-2011

03:00:24 09/27/07

TIMESHEET

MUNEDY		PATRICKG		LOC: 419		SSN: 554-87-8008		WK: 5	CUSTOMER SERVICE ASSOC		Mgr: 000000 PERIOD END: 9/26/07			
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	9/13	8:57a	3:13p	3:45p	5:30p					8.00	.0	.0	.0	8.00
FRI	9/14	8:59a	2:07p							5.25	.0	.0	.0	5.25
SAT	9/15									.0	.0	.0	.0	.0
SUN	9/16	8:57a	4:18p	4:47p	5:33p					8.00	.0	.0	.0	8.00
MON	9/17									.0	.0	.0	.0	.0
TUE	9/18	8:59a	4:09p	4:38p	5:32p					8.00	.0	.0	.0	8.00
WED	9/19	9:02a	2:01p	2:33p	5:25p					7.75	.0	.0	.0	7.75
										=====				=====
										37.00				37.00
THU	9/20	8:42a	3:12p	3:41p	5:09p					8.00	.0	.0	.0	8.00
FRI	9/21	8:28a	2:02p	2:29p	4:13p					7.25	.0	.0	.0	7.25
SAT	9/22									.0	.0	.0	.0	.0
SUN	9/23	7:58a	1:58p	2:29p	5:08p					7.00	1.75 TRAIN	.0	.0	8.75
MON	9/24									.0	.0	.0	.0	.0
TUE	9/25	8:26a	2:06p	2:36p	5:01p					8.00	.0	.0	.0	8.00
WED	9/26	8:50a	1:39p	2:09p	5:16p	8:07p	9:39p			8.25	1.25 TRAIN	.0	.0	9.50
										=====				=====
										38.50				41.50
										=====				=====
										75.50				78.50

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____

EXHIBIT P-2011

17:36:40 11/14/07

TIMESHEET

KENNEDY	PATRICKG	LOC:	419	SSN:	554-87-8008	WEEK:	5	CUSTOMER SERVICE ASSOC	Mgr:	000000	PERIOD END:	11/ 7/07			
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL	
THU	10/25	9:00a	2:07p							5.00	.0	.0	.0	5.00	
FRI	10/26									.0	.0	.0	.0	.0	
SAT	10/27									.0	.0	.0	.0	.0	
SUN	10/28									.0	.0	.0	.0	.0	
MON	10/29	12:50p	6:00p	6:29p	9:43p					8.50	.0	.0	.0	8.50	
TUE	10/30	8:59a	3:09p	3:40p	5:31p					7.25	.75	TRAIN	.0	.0	8.00
WED	10/31	8:59a	2:17p	2:47p	5:28p					8.00	.0	.0	.0	8.00	
										=====					
										28.75				29.50	
THU	11/ 1	8:57a	1:59p	2:34p	5:15p					7.75	.0	.0	.0	7.75	
FRI	11/ 2	8:47a	1:53p	2:24p	5:12p					8.00	.0	.0	.0	8.00	
SAT	11/ 3	8:30a	1:38p	2:09p	4:59p					8.00	.0	.0	.0	8.00	
SL	./ 4									.0	.0	.0	.0	.0	
MON	11/ 5									.0	.0	.0	.0	.0	
TU	11/ 6	8:54a	2:53p	3:22p	5:33p					8.25	.0	.0	.0	8.25	
WED	11/ 7	8:57a	2:28p	2:58p	5:26p					8.00	.0	.0	.0	8.00	
										=====					
										40.00				40.00	
										=====					
										68.75				69.50	

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____



EXHIBIT P1-2011

CIRCUIT CITY PAYROLL PO BOX 31666 CHARLOTTE, NC 28231-1666 1-800-288-6353	Pay Group: HLS WC Hourly	Pay Begin Date: 03/20/2008	Check #: 4976765																																																																								
	Business Unit: USANA	Pay End Date: 03/20/2008	Check Date: 03/21/2008																																																																								
PATRICK GERALD KENNEDY P.O. Box 280281 Northridge, CA 91328-0000	Employee ID: 10347127	TAX DATA: Federal	CA State																																																																								
	Department: 041900 Woodland Hills SS Location: CA Woodland Hills	Marital Status Single	Single, or Marri																																																																								
		Allowances: 1	1																																																																								
		Addl. Pct:																																																																									
		Addl. Amt:																																																																									
HOURS AND EARNINGS																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Current</th> <th colspan="2" style="text-align: center;">YTD</th> <th colspan="3" style="text-align: center;">TAXES</th> </tr> <tr> <th>Description</th> <th>Rate</th> <th>Hours</th> <th>Earnings</th> <th>Hours</th> <th>Earnings</th> <th>Description</th> <th>Current</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>Average Overtime</td> <td>5.875000</td> <td>2.25</td> <td>13.22</td> <td>17.75</td> <td>104.29</td> <td>Fed Withholding</td> <td>0.00</td> <td>496.76</td> </tr> <tr> <td>Regular Hourly</td> <td>11.750000</td> <td>9.00</td> <td>105.75</td> <td>446.75</td> <td>5,249.33</td> <td>Fed MED/EE</td> <td>1.72</td> <td>83.76</td> </tr> <tr> <td>Training</td> <td></td> <td></td> <td>0.00</td> <td>10.50</td> <td>123.38</td> <td>Fed OASDI/EE</td> <td>7.38</td> <td>358.15</td> </tr> <tr> <td>Prize Award</td> <td></td> <td></td> <td>0.00</td> <td></td> <td>338.25</td> <td>CA Withholding</td> <td>0.00</td> <td>69.79</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>CA SDI FTDI</td> <td>0.95</td> <td>46.21</td> </tr> <tr> <td>Total:</td> <td>11.25</td> <td>118.97</td> <td>475.00</td> <td>5,477.00</td> <td>Total:</td> <td>10.05</td> <td>1,054.67</td> </tr> </tbody> </table>			Current			YTD		TAXES			Description	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD	Average Overtime	5.875000	2.25	13.22	17.75	104.29	Fed Withholding	0.00	496.76	Regular Hourly	11.750000	9.00	105.75	446.75	5,249.33	Fed MED/EE	1.72	83.76	Training			0.00	10.50	123.38	Fed OASDI/EE	7.38	358.15	Prize Award			0.00		338.25	CA Withholding	0.00	69.79							CA SDI FTDI	0.95	46.21	Total:	11.25	118.97	475.00	5,477.00	Total:	10.05	1,054.67			
Current			YTD		TAXES																																																																						
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Employee Dental	0.00	38.63				Earned	0.00																																																																				
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Total:	0.00	38.63	Total:	0.00	0.00	Current PTO																																																																					
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						Taken	0.00																																																																				
						Balance	0.00																																																																				
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Current:	118.97		118.97			10.05		NET PAY																																																																			
YTD:	5,477.00		5,776.62			1,054.67		108.92																																																																			
						38.63		4,383.70																																																																			

MESSAGE VERIFY YOUR PERSONAL INFO FOR 2007 W2 ACCURACY

▼ FOLD AND TEAR HERE ▼

NO PTO AT THE RATE OF 1097
For every hour has been added to
Claimants PTO bank - on going
problem

Circuit City Stores, Inc.

Standard Operating Policies 05/06/08

Supercedes: 02/28/08

Paid Time Off (PTO)

3) PTO accruals are based on hours worked, status (Regular Full- or Regular Part-time), and years of service as outlined below:

Accrual Schedule	
Years of Service	Accrual Rate Per Hours Worked
Regular Full-time Associates	
Less than 5	0.097
5 to less than 15	0.121
15 or more	0.145
Regular Part-time Associates	
Less than 5	0.024
5 to less than 15	0.032
15 or more	0.048

Note: Accrual of PTO hours is calculated by multiplying actual hours worked by the accrual rate. For example: A Regular Full-time associate who has worked for the company for less than 5 years and who worked 35 hours a week during a two week pay period would earn 6.79 PTO hours for that pay period. $35 \text{ (hours worked)} \times 0.097 \text{ (accrual rate)} \times 2 \text{ weeks (pay period)} = 6.79 \text{ PTO hours.}$

The chart below shows expected annual accruals for a Full-time associate who regularly works 40 hours a week and expected accruals for a Part-time associate who regularly works 20 hours a week. PTO hours will not count toward accruals of additional PTO hours. These are only estimates, not guarantees, as each Associate's earned PTO hours are calculated on actual hours worked.

Average Accrued PTO (Yearly)	
Regular Full-time (based on 40 hour workweek)	
Less than 5 years of service	23 Days (184 hours)
5 to less than 15 years	28 Days (224 hours)
15 or more years	33 Days (264 hours)
Regular Part-time (based on 20 hour workweek)	
Less than 5 years of service	6 Days (24 hours)
5 to less than 15 years	8 Days (32 hours)
15 or more years	12 Days (48 hours)

SCHEDULING PTO

- Associates may only take PTO that is accrued and has posted to their PTO balance. There is a one pay period time lag before accrued PTO is available for use. Associates may not "borrow" against expected accruals, creating a negative balance of PTO hours. For example: An associate who has not accrued sufficient PTO but wishes to take a day off may request time off. However, if the associate's manager approves the time off, it would be either unpaid, or partially paid with whatever PTO balance is available.
- Associates must have their manager's approval prior to taking PTO.

Suggested Guideline: managers should clearly communicate expectations regarding the submission and approval of PTO requests. PTO requests should be submitted, in writing, with sufficient time (2 to 4 weeks in advance, depending upon departmental needs) for management to make necessary scheduling changes and to plan to meet

EXHIBIT P4-2011

PAGE 4 OF 8

Circuit City Stores, Inc.
Circuit City Stores, PR, LLC
Standard Operating Policies 05/28/08
Supercedes 11/06/07

**Scheduling, Attendance
and Timesheet Reporting**

- 2) Managers and supervisors will be required to maintain an Associate Attendance Tracking Sheet (Exhibit C) for each associate. The Associate Attendance Log is available on ccity under Online Forms. The Associate Attendance Tracking Sheet is to be maintained in an attendance binder with the Store Director for a 12 month rolling calendar.
- 3) Managers and supervisors are not to write any additional information on this sheet e.g. reason why associate was sick or why they failed to show for work. This is private information between the manager and the associate.

TIMESHEET REVIEW

- 1) Managers and supervisors are accountable for reviewing their associate timesheets prior to transmission to payroll.
- 2) Managers and supervisors are accountable for identifying discrepancies between scheduled hours and actual worked hours. If coaching is necessary, a manager must perform the coaching as described in the Performance Management SOP.
- 3) **The Store Director is accountable for auditing this process weekly.**

TIMESHEET RETENTION

- 1) All store associates must sign a hard copy of the timesheets. These timesheets are to be kept on file in the store for three years as outlined in the *Store Filing and Report Retention Policy*. Timesheet retention is to be reviewed by the HR manager or district staff members during store visits.

DISTRICT MANAGEMENT RESPONSIBILITIES

- 1) DOM: Identify stores with a Coverage Summary (SP) less than 90%, a CC Score of less than 80% and a labor to budget +/- 1%.
- 2) HR or DM: Review associate timesheets during store visits to determine if associates are following their schedules.
- 3) HR or DM: Review the Associate Attendance Tracking Sheet and the associate's personnel file to determine that performance management steps are being taken as appropriate.
- 4) HR or DM: Review Staffing Variance report in Attached Reports on ccity to determine if store is staffed to budget.
- 5) All District Management: Provide stores with feedback and training as needed.

MANAGING THE INPUTS THAT DELIVER THE BEST RESULTS

- 1) Store management to review availabilities and attendance expectations with each associate quarterly.
- 2) DM and DHRM review – each store once per week:
 - Review Associate Required Hours vs. Scheduled Hours in ccity and address any issues.
 - Address locations with low CC scores to identify root cause and effect; associate availability, staffing mix, call outs, etc.

ADDITIONAL RESOURCES

All of the below reference materials are available on the Store Training Library. Start by selecting Management, choose Store Systems and Processes, and under Training Resources you will find:

- 1) Guide to ESS and Hours Management

EXHIBITS:

Exhibit A: Scheduling Guidelines
Exhibit B: Floor Leader/MOD Hierarchy
Exhibit C: Associate Attendance Tracking Sheet (Available in Online Forms)

17:44:40 11/28/07

TIMESHEET

EDY	PATRICKG	LOC:	419	SSN:	554-87-8008	WK:	5	CUSTOMER SERVICE ASSOC	Mgr:	000000	PERIOD	END:	11/21/07	
AY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
HU	11/ 8	8:29a	2:05p	2:38p	4:58p					8.00	. 0	. 0	. 0	8.00
RI	11/ 9									. 0	. 0	. 0	. 0	. 0
SAT	11/10	7:50a	1:11p	1:40p	4:16p					8.00	. 0	. 0	. 0	8.00
SUN	11/11	7:54a	1:11p	1:41p	4:22p					8.00	. 0	. 0	. 0	8.00
MON	11/12									. 0	. 0	. 0	. 0	. 0
TUE	11/13	8:55a	2:09p	2:38p	5:29p					8.00	. 0	. 0	. 0	8.00
WED	11/14	8:31a	2:54p	3:26p	5:00p					8.00	. 0	. 0	. 0	8.00
										=====				=====
										40.00				40.00
THU	11/15	8:53a	2:29p	2:57p	5:18p					8.00	. 0	. 0	. 0	8.00
FRI	11/16	8:34a	1:30p	2:01p	4:13p					7.25	. 0	. 0	. 0	7.25
AT	11/17	9:01a	2:06p	2:35p	5:29p					8.00	. 0	. 0	. 0	8.00
	11/18	4:24p	10:16p							5.75	. 0	. 0	. 0	5.75
MON	11/19									. 0	. 0	. 0	. 0	. 0
TUE	11/20	8:12a	1:09p	1:38p	4:40p					8.00	. 0	. 0	. 0	8.00
ED	11/21									. 0	. 0	. 0	. 0	. 0
										=====				=====
										77.00				77.00

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____

EXHIBIT R-2011

10:09:04

02/01/08

TIMESHEET

EMPLOYEE		LOC: 419 SSN: 554-87-8008 WK: 5						CUSTOMER SERVICE ASSOC			Mgr: 000000 PERIOD END: 1/30/08			
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	1/17	8:54a	2:02p	2:31p	5:40p					8.25	.0	.0	.0	8.25
FRI	1/18									.0	.0	.0	.0	.0
SAT	1/19	8:58a	2:11p	3:08p	6:01p					8.00	.0	.0	.0	8.00
SUN	1/20	9:05a	4:21p	5:21p	6:03p					5.00	3.00 TRAIN	.0	.0	8.00
MON	1/21	11:54a	3:01p							.0	3.00 TRAIN	.0	.0	3.00
TUE	1/22	8:30A	2:02p							5.00	.50 TRAIN	.0	.0	5.50
WED	1/23	8:29a	2:05p	2:38p	5:01p					6.00	2.00 TRAIN	.0	.0	8.00
										32.25				40.75
THU	1/24	9:00a	1:07p	1:36p	5:35p					8.00	.0	.0	.0	8.00
FRI	1/25									.0	.0	.0	.0	.0
SAT	1/26	8:58a	1:02p	2:03p	6:03p					8.00	.0	.0	.0	8.00
SUN	1/27	11:59a	3:08p	3:37p	6:02p					5.50	.0	.0	.0	5.50
MON	1/28									.0	.0	.0	.0	.0
THU	1/29	8:58a	1:06p							4.25	.0	.0	.0	4.25
WED	1/30	8:58a	1:41p	2:10p	5:04p					4.50	.0	.0	.0	7.50
										33.25				33.25
										65.50				74.00

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____

Department of Industrial Relations
DIVISION OF LABOR STANDARDS ENFORCEMENT
6150 Van Nuys Boulevard, Room 206
Van Nuys, CA 91401
Tel: (818) 901-5315 Fax: (818) 901-5307

March 13, 2008



Kristin P. Walinski, Legal Department
Circuit City Stores, Inc.
9954 Mayland Dr
Richmond, VA 23233-1464

Reply to: 17 - 48252 SJ

RE: Patrick Gerald Kennedy v. Circuit City Stores, Inc.

Attention: Kristen

Please see copy of Plaintiff's letter dated March 1, 2008 requesting copies of his timeclock records.

Please send to the Plaintiff direct with a copy of the cover letter to me.

Thanks.

Very truly yours,

SUSAN A. JOHNSON
DEPUTY LABOR COMMISSIONER

Enclosure

cc: Plaintiff

EXHIBIT R2-2011

Untitled

Dear Circuit City/Payroll/Records,
RE: IBM 283268/PS 10347127

March 15th, 2008

This is (yet) another official request in writing for copies of all my personal records from the entire time I have been employed at Circuit City Woodland Hills (Store 0419), anything and everything that is in my personnel file and complete copies of all clock in and clock outs (I.E. Time sheets since these have my name and social security number on them and are documents used in timekeeping and/or payroll and I am legally entitled to copies of them) up until the date you actually mail them to me. I also want to make sure you send me copies of all my employee reviews/raises and written documentation stating exactly how said reviews/raises are evaluated/granted (Pay caps, etc). You can send all information to the below listed address. I thank you for your time and effort on my behalf and look forward to a prompt reply to my written request.

Sincerely,



Patrick Gerald Kennedy
PO BOX 280281
Northridge, Ca 91328-0281
patgenken@yahoo.com

EXHIBIT R3-2011

PERSONNEL FILE(S) REQUEST.txt

Dear Circuit City Records Department,

2007

RE: Personnel File(s) Request

December 20th,

I have tried a few times to get copies of my records/personnel file(s) and been told by managers to call the 800 number which I have done several times to no avail. It is apparently outsourced to India and they are not very helpful and/or do not seem to understand what it is I am requesting. So I am writing to the address that the Circuit City HR employee resource web page tells us to write to if we need our personnel files/documents. As such I wanted to formally request copies of all my personnel files for the entire time I have been employed with Circuit City. I started working in October 2006 and currently still work at the Woodland Hills, California store number 0419. My full name is Patrick Gerald Kennedy and my employee number is 263268 and my IBM/PeopleSoft number is 10347127. You can send all requested materials to the below mailing address. I thank you for your time and effort on my behalf and look forward to hearing from you very soon.

Sincerely,


Patrick Gerald Kennedy
PO BOX 280281
NORTHRIDGE, CA 91328-0281
(818) 793-6643
patgenken@yahoo.com

EXHIBIT R4-2011

Personnel File REQUEST
SENT VIA CERTIFIED
OR REGISTERED MAIL

U.S. Postal Service™ Delivery Confirmation™ Receipt

Postage and Delivery Confirmation fees must be paid before mailing.

Article Sent To: (to be completed by maller)

Please Print Clearly

Circuit City
STORE INC
CA 90245

POSTAL CUSTOMER:

Keep this receipt. For inquiries:
Access internet web site at
www.usps.com®
or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)

Priority Mail™ Service
 First-Class Mail® parcel
 Package Services parcel

(See Reverse)

DELIVERY CONFIRMATION NUMBER:
0000 0000 1849 6739

Postmark
Here

PS Form 152, May 2002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.
CHARLOTTE NC 28256-3986

OFFICIAL USE

2007 2560 0000 7687 7318

Postage	\$ 0.41	0165
Certified Fee	\$ 2.65	
Return Receipt Fee (Endorsement Required)	\$ 2.15	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 5.21	

Sent To: CIRCUIT CITY RECORDS MANAGEMENT
Street, Apt. No.: PO Box 563986
or PO Box No.
City, State, Zip: CHARLOTTE, NC 28256-3986

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>Steve Snell</i></p>	
<p>1. Article Addressed to: CIRCUIT CITY MANAGEMENT Po Box 563986 CHARLOTTE, NC 28256-3986</p>		<p>B. Received by (Printed Name) <i>Steve Snell</i></p>	
		<p>C. Date of Delivery 3/24</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail</p>	
		<p><i>3/24</i></p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
2. Article Number (Transfer from service label)	7007 2560 0000 7687 7318		

Contact Information
Associate Service Center
(800) 288-6353

Hours: Monday – Friday 8:00 a.m. to 6:00 p.m. EST

Department	Phone	Fax	E-mail	Address
Payroll and Records Management			circuitcity.hrservices@hewitt.com	
Benefits				Circuit City P.O. Box 563986 Charlotte NC 28256-3986
Annual Enrollment				
• Health & Welfare				
• Leave of absence				
• 401K				
• Separation				
• Survivor Administration				
1-281-298-0845				
Technical Support			circuitcity.cic@hewitt.com	
• AS/400				
• PeopleSoft HR				
• Data/Reporting Request				
• Circuit City myHR				
• Ceridian				
• Security				

If you have any questions about where to fax or mail forms, please call the Associate Service Center

EXHIBIT S-2011

14:08:48

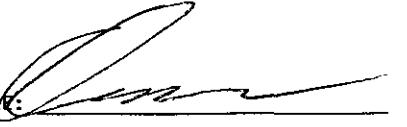
02/06/08

-TIMESHEET

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	1/17	8:54a	2:02p	2:31p	5:40p					8.25	.0	.0	.0	8.25
FRI	1/18									.0	.0	.0	.0	.0
SAT	1/19	8:58a	2:11p	3:08p	6:01p					8.00	.0	.0	.0	8.00
SUN	1/20	9:05a	4:21p	5:21p	6:03p					5.00	3.00 TRAIN	.0	.0	8.00
MON	1/21	11:54a	3:01p							.0	3.00 TRAIN	.0	.0	3.00
TUE	1/22	8:30A	2:02p							5.00	.50 TRAIN	.0	.0	5.50
WED	1/23	8:29a	2:05p	2:38p	5:01p					6.00	2.00 TRAIN	.0	.0	8.00
										=====				=====
										32.25				40.75
THU	1/24	9:00a	1:07p	1:36p	5:35p					8.00	.0	.0	.0	8.00
FRI	1/25									.0	.0	.0	.0	.0
SAT	1/26	8:58a	1:02p	2:03p	6:03p					8.00	.0	.0	.0	8.00
MON	1/27	11:59a	3:08p	3:37p	6:02p					5.50	.0	.0	.0	5.50
TUE	1/28									.0	.0	.0	.0	.0
WED	1/29	8:58a	1:06p							4.25	.0	.0	.0	4.25
										7.50	.0	.0	.0	7.50
										=====				=====
										33.25				33.25
										=====				=====
										65.50				74.00

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: 

03:08:56

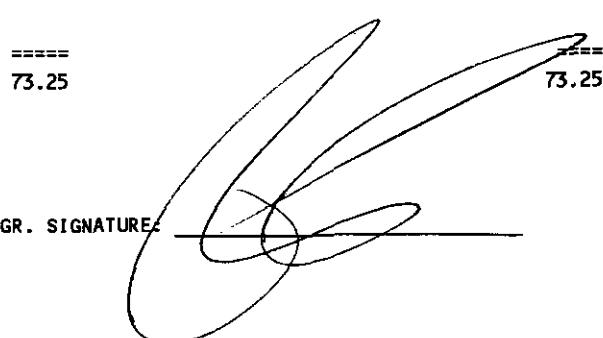
03/13/08

TIMESHEET

KENNEDY	PATRICKG	LOC: 419	SSN: 554-87-8008	WEEK: 5	CUSTOMER SERVICE ASSOC	Mgr: 000000	PERIOD END:	3/12/08				
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	2/28	8:58a	1:32p	2:02p	5:30p			8.00	.0	.0	.0	8.00
FRI	2/29							.0	.0	.0	.0	.0
SAT	3/ 1	9:09a	1:23p	1:54p	5:30p			7.75	.0	.0	.0	7.75
SUN	3/ 2	1:56p	5:29p	6:00p	9:02p			6.50	.0	.0	.0	6.50
MON	3/ 3							.0	.0	.0	.0	.0
TUE	3/ 4	8:58a	2:03p					5.00	.0	.0	.0	5.00
WED	3/ 5	9:00a	12:33p	1:03p	3:23p			6.00	.0	.0	.0	6.00
								=====				=====
								33.25				33.25
THU	3/ 6	9:00A	1:40p	2:11p	5:33p			8.00	.0	.0	.0	8.00
FRI	3/ 7	4:00p	7:52p	8:23p	10:59p			6.50	.0	.0	.0	6.50
SAT	3/ 8	9:22a	1:04p	1:35p	5:54p			8.00	.0	.0	.0	8.00
SUN	3/ 9	2:00p	4:56p	5:30p	9:30p			7.00	.0	.0	.0	7.00
MON	3/10							.0	.0	.0	.0	.0
TUE	3/11	9:02a	2:03p					5.00	.0	.0	.0	5.00
WED	3/12	8:58a	12:03p	12:35p	3:00p			5.50	.0	.0	.0	5.50
								=====				=====
								40.00				40.00
									73.25			

COMMENT:
EMP. SIGNATURE: _____

MGR. SIGNATURE: _____



PayFlex Systems USA, Inc. for
Circuit City
PO Box 2239
Omaha, NE 68103-2239

August 21, 2008

Mr. Patrick G Kennedy
Po Box 280281
Northridge, CA 91328

Dear Mr. Patrick Kennedy:

This notice contains important information about your right to continue your health care coverage in the Circuit City Group Health Plan (the Plan).

Please read the information contained in this notice very carefully. This notice provides important information concerning your rights and what you have to do to continue your health care coverage under the Plan for you and your covered dependents, if any, as defined on the enclosed Family Member Enrollment Form. If you have any questions concerning the information in this notice or your rights to coverage, you should contact:

PayFlex Systems USA, Inc.
PO Box 2239
Omaha, NE 68103-2239

If you do not elect to continue your health care coverage by completing the enclosed "Enrollment Form" and returning it to us, your coverage under the Plan will end on 08/01/2008 due to: TERMINATION

Each of the following qualified beneficiaries are being offered continuation under the Plan:
Mr. Patrick Kennedy

Because of the above event that will end your coverage under the Plan, you are entitled to continue your health care coverage for up to 18 MONTHS from your qualifying event date of 07/22/2008. If you elect to continue your coverage under the Plan, your continuation coverage will begin on 08/01/2008 and can last until 02/01/2010.

IMPORTANT – To elect continuation coverage, you MUST complete the enclosed "Enrollment Form" and return it to us. You may mail it to the address shown on the Enrollment Form. The completed Enrollment Form must be post-marked by 10/19/2008. If you do not submit a completed Enrollment Form by this date, you will lose your right to elect continuation coverage.

Also, since each covered dependents has the equal right to accept or decline the coverage being offered them, if not all members of your family who are eligible for the coverage offered wish to continue coverage, please indicate that as well on the Dependent/Family Member Enrollment Form, if enclosed. Should some but not all of your dependents wish to continue coverage, you are welcome to call the telephone number shown to obtain information about specific premium amounts due.

The total premiums due each month is shown on the Enrollment Form and on the Premium Computation Form. You should pay the total premium due at the time you send in the Enrollment Form, in order to complete your enrollment and continue your coverage. However, you are allowed to delay the premium payment for up to forty-five days after you have signed, dated and submitted your Enrollment Form. Any claims submitted for expenses incurred following the date of the Qualifying Event may be held in suspense until all premiums which are due have been paid.

Future premiums are due on the first of each month thereafter, and should be mailed on or before the due date. Failure to pay premiums by premium due dates may terminate your participation in the Health Benefits Continuation Plan.

If you have any questions about the coverage, its length or the premiums due, please call PayFlex Systems USA, Inc. at (800)359-3921 during regular business hours.

Sincerely,

PayFlex Systems USA, Inc.

EXHIBIT T2-2011

August 21, 2008

PayFlex Systems USA, Inc. for
Circuit City
PO Box 2239
Omaha, NE 68103-2239

Principal Qualified Beneficiary:
Mr. Patrick G Kennedy

The Health Benefits Continuation Plan requires you to pay premiums according to the schedule shown below. The premium for the first partial month, if applicable, has been calculated for the remaining number of days in the month the Qualifying Event occurs.

Subsequent premiums are due each month, as shown. You must pay all initial premiums due within forty-five days of the day you sign and date the Enrollment Form.

Your Qualifying Event Date: 07/22/2008
Your Last Enrollment Date: 10/19/2008

Plan Description	Coverage Level	Premium
Aetna Dental DPO Plan	Single Only	\$21.42

Please note that the schedule of first payment shown below reflects the premium(s) due if all available plans listed above are being elected.

Schedule Of First Payment	Premium
Amount Due if Enrollment Form Signed And Received In Our Office: 08/31/2008	\$21.42
Amount Due if Enrollment Form Signed And Received In Our Office: 09/30/2008	\$42.84
Amount Due if Premium Paid Through.....:10/31/2008	\$64.26
Amount Due if Premium Paid Through.....:11/30/2008	\$85.68

Premiums must be paid by check or money order. PLEASE DO NOT SEND CASH.

Node: 0419

EXHIBIT T3-2011

Page: 1

From: PATRICK G KENNEDY [0419]

Subject: Time-Off Request

Date Created: Wed 05 Sep 04:58PM

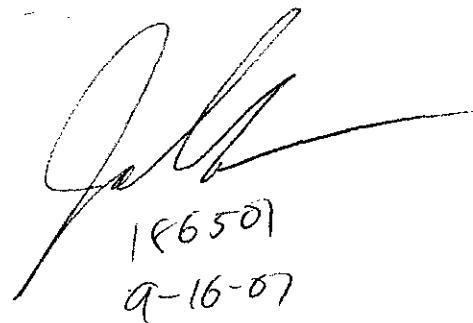
TO: JOHNCHA STROTE/186501@419@SMS

=====

DEAR JOHN, I SENT THIS IN A FEW TIMES BUT YOU SAID TO KEEP REMINDING YOU SINCE I HAD TURNED IN MY REQUEST SO LONG AGO AND YOU WERE AFRAID YOU MIGHT FORGOT. I WILL RETURN TO EUROPE AGAIN NEXT SUMMER AND BE GONE FOR ALMOST THE SAME AMOUNT OF TIME, JUST SLIGHTLY DIFFERENT DATES. I WILL BE GONE FRPM JUNE 20TH TILL AUGUST 20TH, OR THERE ABOUTS. I WILL HAVE ENOUGH PTO THE ENTIRE TIME I AM AWAY SO I WILL HAVE ENOUGH PTO FOR THE ENTIRE TIME I AM AWAY LIKE LAST TIME. THANK YOU VERY MUCH.

SINCERELY,

PATRICK GERALD KENNEDY



186501
9-16-07

EXHIBIT T4-2011



July 31, 2008

Patrick Kennedy
P.O. Box 280281
Northridge, CA 91328

Dear Patrick,

I am sending this letter to you because we are concerned that you failed to report to work or call the store to notify them of your absence. Our schedules indicate that you were scheduled to work 7/26, 7/27, 7/28, 7/29, and 7/30/08.

If you have been ill, please notify us as to how long you anticipate you will be out of work and provide us with a Doctor's note. You may qualify for short-term disability or FMLA (Family Medical Leave Act).

Unfortunately, if you do not notify a manager within 3 days of receipt of this letter, we will be forced to assume that you have voluntarily resigned your position at Circuit City Stores, Inc. Should you choose to voluntarily resign your position, please sign & date the enclosed *Change in Relationship Notice* and return it in the self addressed stamped envelope.

If you have any questions, please contact me at (818) 888-1212

Sincerely,

A handwritten signature in black ink that reads "Andrew Hochman/ce". The signature is fluid and cursive, with a small "ce" written at the end.

Andrew Hochman
Store Director, CC Stores, Loc. 419/Woodland Hills

EXHIBIT T5-2011

CIRCUIT CITY PAYROLL PO BOX 563986 CHARLOTTE, NC 28256-3986 1-800-288-6353	Pay Group: HLS	WC Hourly	Pay Begin Date: 07/31/2008	Check #: 5254955					
	Business Unit: USANA		Pay End Date: 08/13/2008	Check Date: 08/13/2008					
PATRICK GERALD KENNEDY P.O. Box 280281 Northridge, CA 91328-0000	Employee ID: 10347127	Department: 041900 Woodland Hills 55	TAX DATA:	Federal					
	Location: CA Woodland Hills		CA State	Exempt					
			Marital Status	Exempt					
			Allowances:						
			Addl. Pct:						
			Addl. Amt:						
HOURS AND EARNINGS				TAXES					
Description Paid Time Off Prior Year PTO Regular Hourly Average Overtime Alert Bonus Prize Award Training PTO Hours Adjustment PYH Hours Adjustment			Current 12.100000 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours 44.63 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Earnings 540.02 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	YTD 62.92 97.71 1,009.25 19.75 11.375.71 116.12 162.13 405.25 171.78 83.43 83.43	Description Fed Withholding Fed MED/EE Fed QASDI/EE CA Withholding CA SDI PTDI	Current 0.00 7.73 33.06 0.00 4.26	YTD 1,029.54 212.59 909.01 153.11 117.29
Total:	44.63	540.02	1,204.13	14,369.36	Total:	45.05	2,421.54		
BEFORE TAX DEDUCTIONS			AFTER TAX DEDUCTIONS			PTO Plan			
Description	Current	YTD	Description	Current	YTD	PY PTO Earned 0.00 Taken 97.71 Balance 0.00 Current PTO Earned 55.82 Taken 62.92 Balance 0.00			
Employee Dental	6.78	113.21				IMPUTED INCOME Current: 0.00 YTD: 0.00			
Total:	6.78	113.21	Total:	0.00	0.00				
TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY	
Current:	540.02		533.24		45.05		6.78		488.19
YTD:	14,369.36		14,661.40		2,421.54		113.21		11,834.61

MESSAGE: VERIFY YOUR PERSONAL INFO FOR 2007 W2 ACCURACY

▼ FOLD AND TEAR HERE ▼

CLAIMANT'S EMPLOYMENT WAS
TERMINATED 7-22-08 - GREEK IS.
Dated 8-12-08

EXHIBIT T6-2011



CIRCUIT CITY PAYROLL
PO BOX 563986
CHARLOTTE, NC 28256-3986
1-800-288-6353

RETURN SERVICE REQUESTED

008 1140 0000 9575 2544

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



008 1140 0000 9575 2544

91328+02281

PATRICK GERALD KENNEDY
P.o. Box 280281
Northridge, CA 91328-0000

8-16
A/H/T/S/K
A/R

Physical check is

MAILED to THE CLAIMANT'S

PO BOX. POSTMARK IS AUGUST

15TH 2008 CHECK ARRIVED 9/1/08

30 DAY CAP FOR ISSUE 0000 203

02:40:28

06/05/08

TIMESHEET

KENNEDY	PATRICKG	LOC: 419	SSN: 554-87-8008	WK: 5	CUSTOMER SERVICE ASSOC	Mgr: 000000	PERIOD END:	6/ 4/08				
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	REG	MISC TYPE	MISC TYPE	MISC TYPE	TOTAL
THU	5/22	8:59a	12:07p	12:39p	5:37p			8.00	. 0	. 0	. 0	8.00
FRI	5/23							. 0	. 0	. 0	. 0	. 0
SAT	5/24	8:55a	1:03p	1:38p	5:24p			8.00	. 0	. 0	. 0	8.00
SUN	5/25	8:59a	1:58p	3:03p	6:00p			8.00	. 0	. 0	. 0	8.00
MON	5/26	2:58p	8:01p	Lun Comp				5.00	. 0	. 0	. 0	5.00
TUE	5/27	8:58a	1:57p	2:49p	4:02p			6.25	. 0	. 0	. 0	6.25
WED	5/28	9:15a	1:57p					4.75	. 0	. 0	. 0	4.75
								40.00				40.00
THU	5/29	9:01a	12:22p	12:59p	5:42p			8.00	. 0	. 0	. 0	8.00
FRI	5/30							. 0	. 0	. 0	. 0	. 0
SAT	5/31	9:02a	1:51p	2:23p	5:27p			8.00	. 0	. 0	. 0	8.00
SUN	6/ 1	8:58a	1:56p	2:27p	5:26p			8.00	. 0	. 0	. 0	8.00
MON	6/ 2							. 0	. 0	. 0	. 0	. 0
TUE	6/ 3	8:59a	1:33p	2:03p	5:24p			8.00	. 0	. 0	. 0	8.00
WED	6/ 4	8:07a	1:02p	1:32p	4:31p			8.00	. 0	. 0	. 0	8.00
								40.00				40.00
								=====	=====	=====	=====	=====
								80.00				80.00

COMMENT:

EMP. SIGNATURE: _____

MGR. SIGNATURE: _____



EXHIBIT V-2011

Dear Bankruptcy Court/To Whom it May Concern, January 1st, 2009

Patrick Gerald Kennedy / **Patrick Gerald Kennedy (Declarant), am a resident of Northridge, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (OCT 2006-JULY 2008). I was routinely denied a rest or meal period and/or am aware that the majority of my co workers did not receive the proper number of rest and/or meal periods legally mandated by the State of California (Labor Code 226.7). Management was fully aware of this ongoing situation and never actively did anything to relieve the problem which I understand continues to this day. Management even went so far as to illegally alter employee time clocks to show they had taken a lunch when in fact they had not been able to. They have also refused to furnish me and my co workers with copies of our time sheets and/or other paperwork that would prove wrong doing on their part and this illicit behavior continues to this day. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone numbers and/or email address printed below.**

Sincerely,

Patrick Gerald Kennedy 1-12-09 ____ 1-12-2009

Signature of Declarant DATE Witnessed by ____ DATE
(818) 793-6643
patgenken@yahoo.com

EXHIBIT W-2011



Circuit City Stores, Inc.

FY08 Merit Compensation Statement

Current Information

Employee Name	Kennedy,Patrick Gerald
Hire Date	10/01/2006
Current Job Title	Customer Service Assoc
Manager Name	Particelli,Ronald Anthony

Base Pay Increases

Effective Date	04/24/2008
Current Base Pay	\$11.75
Performance Rating	Superior Performance
Merit Increase Amount	\$0.35
Increase Percent	2.98%
New Salary	\$12.10

Please note, if you are a Corporate Associate, your merit will be effective 4/25/2008.

Transmission Log

No Station Name

Thursday, 2007-03-29 20:33

No Station Number

Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
09978	2007-03-29	20:33	0:43	14400	Hewitt Associates	SCAN	1	OK -- V.17 AM11

CIRCUIT CITY		HOURLY TIME SHEET																	
Fax Timesheet to: (281) 298-0845		NAME: <i>Patrick Kennedy</i> CSA JOB TITLE: <i>March 28th 2007</i>																	
SOCIAL SECURITY # <i>554-87-8008</i>		LOCATION # <i>0419</i>																	
PERIOD ENDING																			
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	REG	OT	REG	OT	REG	OT	PTO	FUNER	REMOU	WEATH	MISC	TOTAL
THU																			
FRI																			
SAT																			
SUN																			
MON	<i>3-19-07</i>	<i>12:00A</i>	<i>4:00P</i>	<i>4:00P</i>	<i>6:30P</i>														
TUE																			
WED																			
THU																			
FRI																			
SAT																			
SUN																			
MON																			
TUE																			
WED																			

MANAGER'S COMMENTS		Bi-WEEKLY TOTAL	
<i>Wm. Project Open box pavilion easter</i>		<i>3-2-9-0</i>	

Patrick Kennedy
EMPLOYEE PRINTED NAME
MANAGER'S PRINTED NAME

John Strole
EMPLOYEE SIGNATURE
MANAGER'S SIGNATURE

I HEREBY CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED
BY ME DURING THE INDICATED PERIOD.

Transmission Log

No Station Name

Wednesday, 2007-04-18 18:11

No Station Number

Job #	Date	Time	Length	Speed	Station Name/Number	Type	Pgs	Status
10489	2007-04-18	18:11	0:29	14400	Hewitt Associates	SCAN	1	OK -- V.17 AM11

PLEASE contact Store 0419
By FAX or Phone (818) 888-1212
Phone
(818) 888-7085
FAX

EM 283268 FAX Checks is
SS# 554-87-8008 OFF

Rate Should Have Been in EFFECT

faxed in hours (6) missing

Double time & overtime missing -

PLEASE contact employee

PATRICK GERALD KENNEDY -

We NEED a Phone # to

Contact you directly

Thanks you